Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal of	lerk if you have questions.
FEE \$ 10 per event + \$7 (applicant background investigation fee)	Application Date: 12/19/2024
Town Village X City of Appleton	County of Outagamie
The named organization applies for: <i>(check appropriate box(es).)</i> A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats. A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats. at the premises described below during a special event beginning 2/1/2025 and ending 2/1/7025 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.	
1. Organization (check appropriate box) → ☐ Bona fide Club	☐ Church ☐ Lodge/Society
Veteran's Organization Fair Association or Agricultural Society Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats. (a) Name Building for Wids Children's Museum	
(b) Address 100 W College Ave April (Street) (c) Date organized 1/02/1992	Town Village Deity
(d) If corporation, give date of incorporation	
(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:	
(f) Names and addresses of all officers: President Oiver Jornow 1009	N ONLIDAST APPLETON, WI SUGI
Vice President Kristen Trimberger 10	
Secretary Tom Hardwick 10	
Treasurer Raub Gonnering 10	Α Α
	70 310000
(g) Name and address of manager or person in charge of affair: (g)1. Date of Birth. (g)2. Drivers License #	(g)3. Email: Phone:
10	-
2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:	
(a) Street number 100 W College Ave.	
(b) Lot	Block
(c) Do premises occupy all or part of building?	
(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:	
3. Name of Event (a) List name of the event, Building for G	rown-Ups
(b) Dates of event 2/1/2025	1
(c) Time(s) of event 6.00 pm - 9.00 pm DECLARATION	
An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.	
Officer (Signature / Date)	Birly for KJZS (Name of Organization)
Date Filed with Clerk DEC 2 3 2024	Date Reported to Committee
Date Granted	License No.
	COA Dept. Approval: Police Fire Health